STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155026	A. BUILDING _____ B. WING _____	R-C 10/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD VILLAGE SOUTH	295 VILLAGE LANE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00094734 completed on 08-18-11. This visit in conjunction with the Investigation of Complaint IN00096244. Complaint IN00094734 - corrected Survey dates: October 7 & 11, 2011 Facility number: 000010 Provider number: 155026 AIM number: 100453660 Survey Team: Mary Jane G. Fischer RN Census Bed Type: SNF: 16 SNF/NF: 82 Residential: 199 Total: 297 Census Payor Type: Medicare: 14 Medicaid: 33 Other: 250 Total: 297 Sample: 6 Supplemental sample: 11 Greenwood Village South was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit to the Investigation of Complaint IN00094734.	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000}	Continued From page 1 Quality review 10/13/11 by Suzanne Williams, RN	{F 000}		